MARICOPA COUNTY
TEEN LEADERSHIP EXPERIENCE
Learn. Serve. Lead.

MyHSD.Maricopa.gov/mcle.aspx

2014 MCLE REGISTRATION

MCLE Participant Information

Last Name		First Name		Date of Birth		Application Date	
Current Address			Apt. #	City		State	Zip Code
Primary Phone Number		Cell Phone		Alternate Phone		Email Address	
Gender __ Male __ Female		Do you have a disability? __ Yes __ No			If yes, what types of accommodations will you need?		
Education Level Highest Grade Completed:		Name of school last attended:			Are you between the ages of 12 and 17 years? __ Yes __ No		
Ethnicity (circle all that apply) Hispanic Latino Other		**Race** (circle all that apply) White Black/African-American American Indian/Alaskan Native Asian Hawaiian Native/Pacific Islander More than one race						

MCLE Participant Emergency Contact #1

Last Name	First Name	Current Address	
Primary Phone Number	Cell Phone	Alternate Phone	Email Address (optional)

MCLE Participant Emergency Contact #2

Last Name	First Name	Current Address	
Primary Phone Number	Cell Phone	Alternate Phone Number	Email Address (optional)

Carefully read the following before signing your name: I certify that the information given on this document is true and accurate to the best of my knowledge. I submit this signed form as authorization to participate in the Maricopa County Teen Leadership Experience (MCLE).

Applicant Signature:_____ **Date:** _____

Parent/Guardian Signature:_____ **Date:** _____